

STATE OF WASHINGTON

DEPARTMENT OF FINANCIAL INSTITUTIONS

DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200

Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • http://www.dfi.wa.gov/cs

MONEY TRANSMITTER OFFICE CLOSURE/LICENSE SURRENDER FORM

INSTRUCTIONS FOR CLOSURE OF A LICENSED MONEY TRANSMITTER OFFICE:

1. SURRENDER ORIGINAL LICENSE

Mail the original license Money Transmitter license to DFI, attn Consumer Services, 150 Israel Rd SW, Tumwater, WA 98501.

2. RECORDS LOCATION & RECORDS CUSTODIAN

Books and records must be accessible to DFI in compliance with RCW 19.230.170. Write to DFI telling us where the company records will be kept. We may view these records at any time for the next five years.

3. ANNUAL ASSESSMENT DUE AT TIME OF CLOSING

Any fees or assessments owed can be paid upon closure of your office. Your annual assessment is due each year on July 1, even if you surrendered your license earlier in the year. To avoid confusion, you may pay the annual assessment now along with the surrender of your license. NOTE: if you have no authorized delegate locations, mark "N/A" for not applicable, in the section regarding fees owed and place a "zero" in TOTAL DUE line when asked for the "authorized delegate dollar amount due."

4. NON-VIOLATION STATEMENT

All principals (10% control or more) and the Responsible Individual must sign the non-violation statement. Make copies if more room is needed.

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DFI License Number:	550 – MT -	0 – MT - Effective Date of Change:		
Licensee Name/ Dba, Trade Name		1		
Contact person when closure		Phone:		
request is reviewed		Fax:		
Licensed Physical Address		1		
	Street Address	City/County	State Zip Code	
SURRENDER ORIGINAL LICENSE				
☐ Original License enclosed ☐ Original License Destroyed/Lost (explain)				
Original License will be mailed byDate. (MM/DD/YYYY)				
RECORDS LOCATION & RECORI	OS CUSTODIAN			
☐ Existing Location ☐ New Location				
		I		
Street Address (Cannot be a PO Box) City/County State Zip Code				
☐ Existing Custodian ☐ New Custodian				
Company Name	Last Name	First Name	Full Middle Name	
Phone FA	AX E-n	nail		
ANNUAL ASSESSMENT DUE AT T	IME OF CLOSING			
Main Office: \$500				
Due For Each Approved Authorized Delegate Location: \$50: \$50 X (Times) total Auth Del Locations* = \$ Authorized Delegate Count*				
TOTAL DUE: \$500 + (Plus) \$ Authorized Delegate Count* = \$ Total Due				
Make check payable to "Washington State Treasurer" and mail with this closure form to: Consumer Services, 150 Israel Rd SW, Tumwater, WA 98501				
*Place a "zero" here if you have no authorized delegate locations.				
NON MOLATION STATEMENT.				
NON-VIOLATION STATEMENT: The undersigned hereby declares in		e with chapter 19.230 RCW, the	Uniform Money Services Act	
of Washington. I will not hold myself out as able to perform the duties of a money transmitter unless and until such time as I				
have secured a position as a bona fi	de employee of a licensed or	exempt money transmitter.		
Signature of Author	Signature of Authorized Official		Signature of Authorized Official	
Printed name of Authorized Official		Printed name of Authorized Official		

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RCW 19.230.070

(5) A money transmitter licensee may surrender a license by delivering the original license to the director along with a written notice of surrender. The written notice of surrender must include notice of where the records of the licensee will be stored and the name, address, telephone number, and other contact information of a responsible party who is authorized to provide access to the records. The surrender of a license does not reduce or eliminate the licensee's civil or criminal liability arising from acts or omissions occurring prior to the surrender of the license, including any administrative actions undertaken by the director or the director's designee to revoke or suspend a license, to assess fines, to order payment of restitution, or to exercise any other authority authorized under this chapter.

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